Produced by the Military Health System (MHS) ICD-10 Integrated Project Team (IPT) & Defense Health Agency (DHA) Information Management (IM)

ICD-10 Coding Challenges in AHLTA

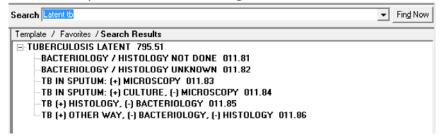On 1 October 2015 AHLTA made two significant changes to the Assessment & Plan (A/P) module.
1. The switch from using ICD-9 codes to ICD-10 CM codes occurred
2. Users can now only use the ICD-10 descriptive text as opposed to the MEDCIN terms

Of these two changes, the second has had the biggest impact. Providers are now restricted to only picking from the CMS descriptive text for the code, instead of using the MEDCIN terms previously used. Under ICD-9, MEDCIN would have mapped to the new ICD-10 diagnoses in the background. This has had several impacts in the approach that AHLTA users should implement in performing a search or look-up of an ICD-10 code.

ICD-10 is much more descriptive than ICD-9, and there are now many more codes to choose. Since providers were not restricted to using the code book description in the past, their choices for search terms have actually gone down and not up as a result of the greater specificity contained in the descriptions. In some cases, it has caused confusion as to what terms to use for different situations. The examples below show common cases that have come up that demonstrate this difference when looking for the correct ICD-10 code in AHLTA.

Latent Tuberculous (TB)
A great example of how MEDCIN previously allowed users to be more generic can be seen with patients with a previous case of TB. Prior to the change, searching for "latent TB" would have presented the following ICD-9 results:

What many people do not realize is that if you look up 795.51 in the ICD-9 code book, it's actually called "Non-specific reaction to tuberculin skin test without active tuberculosis." This is the code description that was passed to and stored in CHCS.

If a user searches for "latent TB" in ICD-10 they will receive the following:

This is clearly not the correct code that was being sought, instead the system return values for active TB. The correct code to use for latent TB is still the one for the non-specific skin reaction without active tuberculosis, but it is now called R76.11. In fact, if you modified the search to "TB." (note the period at the end of the search, it will narrow the results), you will see the following results.

Once the user scrolls down and expands the tree, the code for non-specific reaction to tuberculin skin test will be found. This is the correct code that should be used for "latent TB."

As a Provider, one may expect this code to come up with the search for "latent TB," and this is currently being worked to get the search capability into a future AHLTA update. Until the fix is available, users should search for "TB." to identify the correct code.

Blood in Stools
Another area where ICD-10 does not allow users to be as general as MEDCIN previously allowed, deals with hematochezia and melena. These have always had the same ICD-9 code, but the providers' notes could have said either one when they were not restricted to the code description. In ICD-10 these two continue to share the same code, but now the note will always say "melena." In fact, searching for hematochezia will only give you the "melena" result.

This is a rare case where a comment will need to be added to the diagnosis in the AP module to state what is actually occurring for the patient. This same issue will also be seen for "diaphragmatic hernia" and "hiatal hernia," which both share the same ICD-10 code. The note will say "diaphragmatic hernia without obstruction or gangrene," but a diagnosis comment will need to be added to specify if it was a hiatal hernia.

DSM-5
Another big area of concern for many users is the use of Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) in AHLTA. The DSM-5 manual will tell you which ICD-10 code to use, but the note won't necessarily use the same text that the DSM-5 uses. In some cases, there are multiple DSM-5 diagnoses that will map to the same ICD-10 code. This is another case where users will need to use the diagnoses comments in the AP module to list the specific DSM-5 diagnosis. Various solutions are currently being explored for this situation, but until a change is made the AP diagnosis comment is the best approach.